



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Lisa Peppler

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Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41013997
Outpatient Patient Service Revenue	\$191646648
Total Gross Patient Service Revenue	\$232660645

2. Deductions From Revenue

Contractual Allowance	\$142462764
Other Deductions	\$0
Total Deductions	\$142462764

3. Total Operating Revenue

Net Patient Service Revenue	\$90197881
Other Operating Revenue	\$2260935
Total Operating Revenue	\$92458816

4. Operating Expenses

Salaries and Wages	\$18211755	Employee Benefits	\$5816264
Depreciation and Amortization	\$2639085	Interest Expense	\$112398

Bad Debt	\$16271240	Other Expenses	\$41381279
Total Operating Expenses	\$84432021		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8026794	Total Assets	\$93196976
Net Non-operating Gains over Loss	\$-1348583	Total Liabilities	\$12541766
Total Net Gains	\$6678211		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88898337	\$72465092	\$16433245
Medicaid	\$42006512	\$38109507	\$3897005
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$101755796	\$31888165	\$69867631
Total	\$232660645	\$142462764	\$90197881

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$117668	\$-117668

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2540	\$38776	\$-36236
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$40863	\$-40863

Number of Medical Professionals Trained	206
Number of Hospital Patients Educated	110078
Number of Citizens Exposed to Health Education Messages	41897

Statement Six: Charity Statement

Hospital Charity Charges	\$2991860
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$661021	
HCI Payments	\$0		
Subtotal	\$0	\$661021	\$-661021
Medicaid Shortfalls	\$7066420	\$10918034	
Subtotal	\$7066420	\$11579055	\$-4512635
DSH Payments	\$0		
Subtotal	\$7066420	\$11579055	\$-4512635
Medicare Shortfalls	\$16394720	\$19640538	
Other Government Programs	\$0	\$0	
Total	\$23461140	\$31219593	\$-7758453

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$5247	\$38555	\$-33308
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$54620	\$-54620

Comments

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